

## REGISTRATION FORM

Last Name	First Name	Middle Initial	Maiden Names
Phone	Date of Birth	Student ID Number	

Major(s)/Minor(s)	Advisor(s)		Advisor Signature (if Freshman)		
Year: _____	Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Fall First Half	<input type="checkbox"/> Fall Second Half	<input type="checkbox"/> Winter
		<input type="checkbox"/> Spring	<input type="checkbox"/> Spring First Half	<input type="checkbox"/> Spring Second Half	
		<input type="checkbox"/> Summer I	<input type="checkbox"/> Summer II	<input type="checkbox"/> Summer Online I	<input type="checkbox"/> Summer Online II

Course (Exp: ENGL 100)	Section	Course Title	Days	Times	Instructor

**\*It is the student's responsibility to ensure they meet the pre-requisites for any course for which they register.**

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